2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90021 007 ***150.00

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1. Entity Name
JEWELRY ARTISANS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
3704 BRITAINSHIRE CT. 5131 Tildens Grove Blvd ORLANDO, FL 32837 Windermere, FL 34786	3704 BRITTAINSHIRE CT. ORLANDO, FL 32837

03192007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3642187
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, VICTOR
3704 BRITTAINSHIRE CT.
ORLANDO, FL 32837

Lopez, Victor
5131 Tildens Grove Blvd
Windermere, FL 34786

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Victor Lopez 04/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ, VICTOR
STREET ADDRESS	3704 BRITAINSHIRE CT.
CITY-ST-ZIP	ORLANDO, FL 32837

Lopez, Victor
5131 Tildens Grove Blvd
Windermere, FL 34786

TITLE	D
NAME	LOPEZ, HERNANDO A
STREET ADDRESS	3704 BRITAINSHIRE CT.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor Lopez 04/26/07 (407) 9206101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #